

DERBYSHIRE JOINT AREA PRESCRIBING COMMITTEE (JAPC)

Derbyshire commissioning guidance for preventing migraines (November 2023)

The ICB will not commission switching between treatment options. Treatment with another anti-CGRP drug, after failure of a previous anti-CGRP drug, is not supported by evidence and is not recommended by NICE.

Chronic migraine -15 headache days a month or more with at least 8 of those having features of migraine for more than 3 months.

Has the patient tried at least 3 preventative drugs and have failed or these contraindicated or not tolerated?

- Beta blockers (propranolol)
 - Antidepressants (amitriptyline)
 - Anticonvulsant drugs (topiramate)
- And/or
- Botulinum toxin type A (for chronic migraine only)

No – consider alternative preventive treatments

Yes

Does the patient have **chronic migraine**¹ which last for:

- 15 or more headache days a month for more than 3 months with at least 8 of those having features of migraine?

Yes

If more than 1 treatment is suitable, the least expensive should be chosen.

Choices are listed in most cost effective:

- Erenumab SC (TA682) or
- Atogepant oral (TA973) or
- Eptinezumab IV (TA871) or
- Fremanezumab SC (TA764) or
- Galcanezumab SC (TA659)

At week 12:

Chronic migraine (15 headache days a month or more with at least 8 of those having features of migraine) has the patients monthly migraine frequency been reduce by at least 30%?

Yes

Does the patient have **episodic migraines** which last for:

- 4 or more migraine **days a month**?

Yes

4 or more migraine days a month
If more than 1 treatment is suitable, the least expensive should be chosen.

Choices are listed in most cost effective:

- Erenumab SC (TA682) or
- Atogepant oral (TA973) or
- Eptinezumab IV (TA871) or
- Fremanezumab SC (TA764) or
- Galcanezumab SC (TA659)

Yes – maintain treatment and monitor patient at appropriate intervals

At week 12:

Episodic migraine (less than 15 headache days a month) has the patients monthly migraine frequency been reduced by at least 50%?

Stop treatment

Yes

Does the patient have **episodic migraines** which last for:

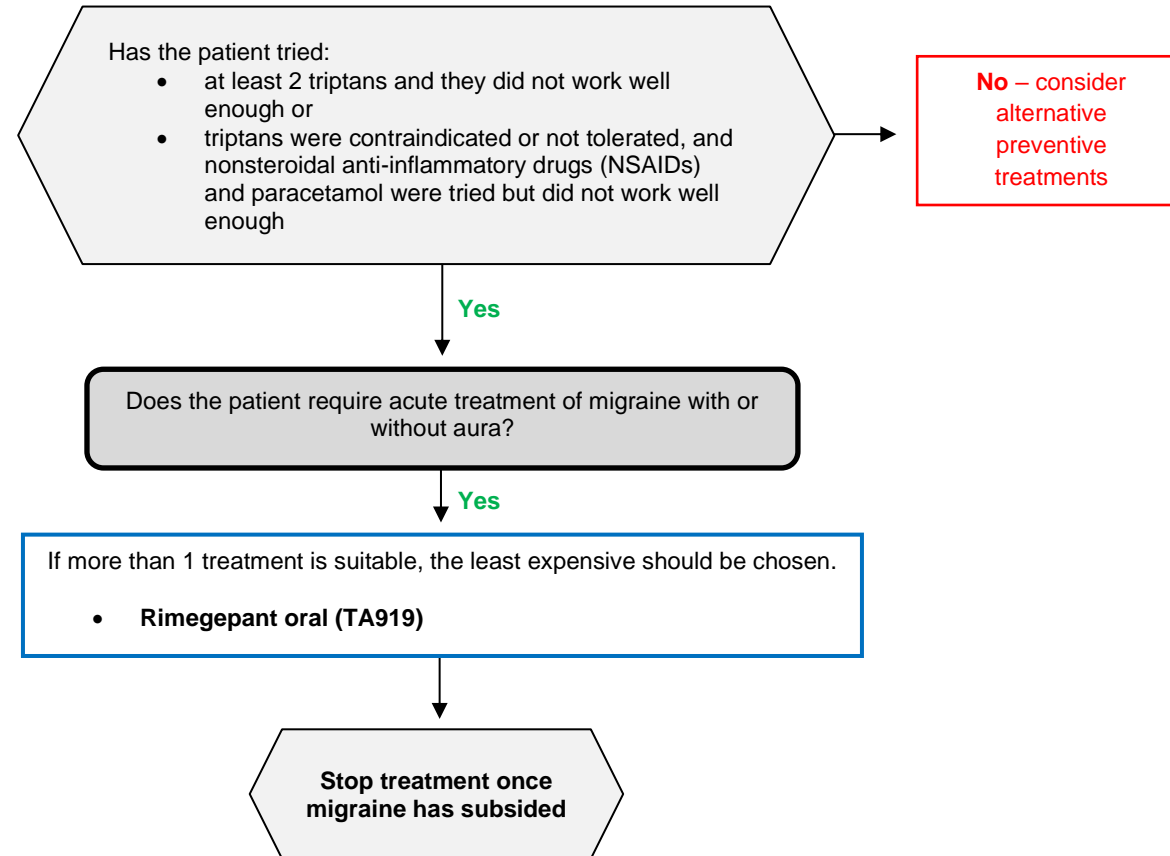
- At least 4 and fewer than 15 **migraine attacks per month**?

Yes

4 or more migraine attacks per month
• Rimegepant oral (TA906)

Yes – maintain treatment and monitor patient at appropriate intervals

Derbyshire commissioning guidance for treating migraines
(November 2023)



The ICB will not commission switching between treatment options. Treatment with another anti-CGRP drug, after failure of a previous anti-CGRP drug, is not supported by evidence and is not recommended by NICE.

Dosing schedule

Biologic		NICE TA	Loading dose	Maintenance dose	Response measured
Atogepant oral	Atogepant is a calcitonin gene-related peptide (CGRP) receptor antagonist which inhibits the function of CGRP, thereby preventing migraine attacks.	TA973	N/A	60mg once daily (reduced to 10mg once daily in those also taking strong CYP3A4 inhibitors or strong OATP inhibitors).	12 weeks
Eptinezumab IV	Eptinezumab is a human monoclonal antibody that binds to the calcitonin gene-related peptide (CGRP) ligand, inhibiting the function of CGRP at its receptor.	TA871	N/A	100mg IV every 12 weeks	12 weeks
Erenumab SC	Erenumab is a humanised IgG2 monoclonal antibody that targets calcitonin gene-related peptide (CGRP) receptor.	TA682	N/A	140mg SC once a month	12 weeks
Fremanezumab SC	Fremanezumab is a humanised monoclonal antibody which selectively binds the neuropeptide calcitonin gene-related peptide (CGRP) ligand and blocks both CGRP isoforms from binding to the CGRP receptor	TA764	N/A	225mg SC once a month or 675mg SC every 3 months	12 weeks
Galcanezumab SC	Galcanezumab is a humanised IgG4 monoclonal antibody that binds calcitonin gene-related peptide (CGRP) thus preventing its biological activity.	TA659	240mg SC	120mg SC once a month	12 weeks
Rimegepant oral	Rimegepant is a calcitonin gene-related peptide (CGRP) receptor antagonist which inhibits the function of CGRP, thereby preventing migraine attacks.	TA919	N/A	<u>Treatment of migraine:</u> 75 mg as needed once daily	N/A
		TA906	N/A	<u>Prophylaxis of migraine:</u> 75 mg every other day The maximum dose per day is 75 mg	12 weeks

Drug	Recommended dose
Propranolol	Max dose in BNF 80mg - 240 mg daily in divided doses.
Topiramate	50mg - 100mg daily.
Amitriptyline	25mg - 150mg daily. Single dose of over 75mg not recommended. May need to mention 1-2 divided doses to avoid single dose of 150mg being prescribed.